

Scheme for diagnosis and treatment of dermatological diseases

Diagnosis and treatment of fungal infection

- 1Clinical presentation.
- 2Direct microscopy + KOH drop + %20-10 Warming.
- 3Culture on Sabouraud's agar (2- 4 weeks)
- 4Wood's light:
 - Corynebacterium minutissimum <- Coral red
 - Microsporum canis <- Green
 - P.ovale <- Golden yellow.
- 5Biopsy for deep infection.

Treatment:

- 1Systemic:
 - a. Griseofulvin: 12.5 mg/kg/day
 - 8-6weeks in Tinea capitis.
 - 4-2weeks in Tinea corporis.
 - 10-8weeks in Favus.
 - 6months in finger nails onychomycosis
 - 12weeks in toe nails.

it's not effective in Candidiasis & Pityriasis versicolor.

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b. Broad spectrum Antifungal : Ketoconazol ,Itraconazole.

-2Topical:

-Tincture Iodine 2- 5.%

-Whitefield Ointment = Salicylate 3 + Benzoate 6 + Lanoline 10 + Vaseline 100

-Topical BS antifungal : Clotrimazole, Ketoconazole, Econazole, Fluconazole.

-Aqueous solution of 20-25% Na Hyposulfite in pityriasis Versicolor

-3Candida :

-Topical antifungal : Clotrimazole.

-Systemic Broadspectrum antifungal : as b4 except Griseofulvin as it's not effective in candidiasis.

Scabies

Diagnosis : Clinical

***Itching more at night.**

***More than one family member.**

***Characteristic distribution.**

Treatment:

- 1Systemic: Ivermectin - Oral antihistaminics.
- 2Topical:
 - a. Sulfur 5-10 % in petroleum after hot bath with hard brush 4 successive nights.
 - b. Gamma benzene hexachloride 1%) lindaine) but avoid hot bath <- increase absorption <- CNS toxicity. It's washed after 8-12 hours.
 - c. permethrin 2.5 - 5 % washed after 8 - 14 hours.
 - d. Malathione 0.5%
 - e. Crothamiton 10% once daily for 3 successive days without bathing.
 - f. Benzyl Benzoate emulsion 25-33%

N.B: in pregnant female use Sulfur and Permethrin only.

Pediculus humanus Capitis

- 1ttt of pyogenic infection : Systemic Antibiotic.
- 2Antipediculous agents (Permethrin, Malathione, Gamma benzene hexachloride 1% ,Benzyl benzoate emulsion 25%-33%.(
- 3Removal of nits by fine toothed comb.

Pediculus humanus corporis

- 1Ironing of clothes.
- 2Antipediculous lotions

Phthirus pubis

Shaving + Malathione.

Alopecia Areata

-1Topical:

***Local irritant (Tincture iodine, tincture capsicum, tincture cantharidis(**

***Contact allergens (DNCB(**

***Topical and INTRALESIONAL steroids.**

-2Phototherapy: PUVA, UVB.

-3Systemic corticosteroids.

Androgenic Alopecia:

***Topical minoxidil 2-5%**

***Systemic antiandrogens in females.**

Acne Vulgaris

4)topical and 4 systemic(

-1Topical:

*Peeling agent (Salicylate 3% or Sulfur in calamine lotion 2% or 0.05% Retinoic acid(

*Antibiotics (Erythromycin ,Clindamycin(

*Benzoyl Peroxide.

*Topical Azaleic acid (Keratolytic and Decrease sebum(

-2Systemic:

*Antibiotics (Tetracycline, Clindamycin ,Minocycline, Doxycycline) in therapeutic doses they are bacteriostatic, in sub-therapeutic doses they are anti-lipase.

*Antiandrogens: Cyproterone acetate.

*Systemic Retinoids (isotretinoin)0.5-1 mg/kg/day It's teratogenic so avoid in the 1st trimester, take OCP and stop 3 months before pregnancy.

*Post acne scarring: Dermabrasion, Chemical beeling, Resurfacing by laser therapy.

Psoriasis

Diagnosis:

-1Clinical presentation.

-2Grattage test+ <- ve Auspitz sign.

-3Histopathology (Parakeratosis, Papillomatosis and elongated rete ridges, Acanthosis, Sterile pustules in stratum malpighii and Dilated tortuous capillaries(

Treatment:

-1Topical :

***Emolients.**

***Keratolytics <- Salicylic acid 3%.**

***Tar (crude coal tar <- Antiproliferative(**

***Anthraline <- Antimitosis.**

***Topical and Intralesional steroids.**

***Vit D3 analogues (calcipotriol <- inhibit cell proliferation and stimulate keratinocyte differentiation(**

***Topical Retinoids.**

-2Systemic:

***Methotrexate 0.2 - 0.4 mg/kg**

***Etretinate1 mg/kg/day.**

***Combined therapy <- Re-PUVA.**

***Biological therapy <- TNF I.**

-3Phototherapy:

***PUVA - UVB (Narrow band - Broad band.(**

Pityriasis Rosea

-1Reassurance.

-2Soothing lotion.

-3Antihistaminics <- If itchy.

Lichen planus:

-1Topical : 3S

*Steroids.

*Intralesional steroids <- Hypertrophic lichen planus.

*Sun screen (Lichen planus actinicus.(

-2Systemic:

*Antihistaminics.

*Steroids.

*Antimalarials <- Actinic lichen planus.

*Tranquilizers.

Herpes simplex:

-1Topical : Gentian violet 2% paint + Acyclovir cream in 1st 48 hours.

-2Systemic : 200 mg Acyclovir 5/day for 5 days.

Chicken Pox:

-1Topical: Gentian violet + Calamine lotion.

-2Systemic :Acyclovir + Antihistaminics.

Herpes Zoster:

- 1Topical : Gentian violet + Acyclovir cream.
- 2Systemic 800 : mg Acyclovir 5/day for 7-10 days + Pain killers.

Viral warts:

Self limiting.

-1Chemical cautery:

*Glacial acetic acid.

*Salicylic acid 10 - 60. %

*Salicylate + Lactic acid in flexible collodion.

-2Electric cautery.

-3Cryotherapy with liquid nitrogen 196 degree celcius.

-4Carbon dioxide laser.

-5Topical keratolytic : Retinoic acid.

-6Genital warts: 25% podophylline in tincture benzoin - Topical imiquimod cream.

Molluscum contagiosum

- 1Mechanical <- Expression by forceps of curettage + Conc .Phenol to the base.
- 2Conc. phenol paint.
- 3Electric cautery.
- 4Cryotherapy and CO2 laser.

Eczema

- 1General : Antihistaminics, Antibiotics, Steroids.
- 2Local:
 - *Acute : K permanganate 1/8000, Lead subacetate 0.5% 1/10000 , Corticosteroid cream.
 - *Subacute : corticosteroid cream, Zinc oxide paste.
 - *Chronic : Topical steroids.
 - *Atopic dermatitis: Long term use of emollients.
- 3Search for the cause and avoid it.

Urticaria:

- 1Adrenaline 1/1000 1cc SC.
- 2Antihistaminics lenofexidine.
- 3Ca++ gluconate 100% 10 cc slow IVI
- 4Systemic steroids.
- 5Find the cause and avoid it.

Papular urticaria

- 1Avoid insect bite.
- 2Antihistaminics.
- 3Short term oral steroids.
- 4Antibiotics.
- 5Soothing lotion.

Erythema multiforme

- 1ttt of the cause (hypersensitivity(
- 2Antibiotic for2 ry infection.
- 3Systemic corticosteroids in severe cases.

Fixed drug eruption

- 1Stop the drug.
- 2Emollients.
- 3Topical steroids.

Vitiligo

- 1Topical: Steroids and PUVA.
- 2Systemic: PUVA - 8 methoxy psoralen + UVA (320 - 400 nm(
- 3Narrow band UVB (311 - 313 nm (Without systemic therapy.
- 4Surgical : Micropigmentation , Autografting.

Chloasma:

- 1Avoid sun exposure + Sun screen.
- 2Stop OCP.
- 3Topical remedies that decrease melanocyte activity (Azaleic acid, Hydroquinone(
- 4Chemical peeling : 35% trichloroacetic